2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2004 8:00 am
Secretary of State
04-22-2004 90097 011 ***150.00

DOCUMENT # P94000089120

1. Entity Name

JURASSIC AGE ENTERTAINMENT CORPORATION

Principal Place of Business	Mailing Address
4934 17 AVE NO ST PETERSBURG FL 33710 US	4934 17 AVE NO ST PETERSBURG FL 33710 US

MOORE CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address
5188 216 St.	P.O. Box 37
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State: Lake City FL	City & State: O'Brien, FL
Zip: 32024 Country: Suwannee	Zip: 32071 Country: Suwannee

4. FEI Number 59-3283143 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SHERILYN DORRITIE
4934 17 AVE NO
ST PETERSBURG FL 33710

7. Name and Address of New Registered Agent

Name: Sherilyn Dorritie
Street Address (P.O. Box Number is Not Acceptable): 5188 216 St.
City: Lake City FL Zip Code: 32024

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Sherilyn Dorritie Sherilyn Dorritie 4-15-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVS DORRITIE, RICHARD F 4934 17TH AVE NORTH ST PETERSBURG FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVS Dorritie, Richard F. 5188 216 St. Lake City FL 32024	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPT DORRITIE, SHERILYN 4934 N 17 AVE ST PETERSBURG FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPT Dorritie, Sherilyn 5188 216 St. Lake City FL 32024	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sherilyn Dorritie Sherilyn Dorritie 4-15-04 386-935-4803
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #